

Rules of
Department of Social Services
Division 45—Division of Legal Services
Chapter 2—State Technical Assistance Team

Title	Page
13 CSR 45-2.010 Organization and Operation	3



Title 13—DEPARTMENT OF SOCIAL SERVICES

Division 45—Division of Legal Services Chapter 2—State Technical Assistance Team

13 CSR 45-2.010 Organization and Operation

PURPOSE: This rule describes the general organization and function of the State Technical Assistance Team including its responsibilities in providing technical assistance to Child Fatality Review Program (CFRP) panels in investigating and prosecuting cases involving child abuse, child neglect, child sexual abuse, child exploitation or child fatality review. This rule also establishes and describes the functions of local (county) CFRP panels, as well as the state CFRP panel in this child protective services process.

(1) General Provisions and Authority. This rule is promulgated under the rulemaking authority granted to the Department of Social Services (DSS) pursuant to section 660.017, RSMo. Pursuant to Article IV, Section 37 of the *Missouri Constitution*, the director of the Department of Social Services is charged with promoting improved health and other social services to the citizens of the state as provided by law. Section 660.010.2, RSMo authorizes the DSS director to coordinate the state's programs devoted to those who are unable to provide for themselves and for victims of social disadvantage. Section 660.012.2, RSMo also entrusts the DSS director with the duty to use the resources allocated to the department to provide comprehensive programs and leadership in order to improve services and economical operations. To that end, the DSS director has determined that the transfer of the State Technical Assistance Team (STAT) from the Division of Family Services (DFS) to the Division of Legal Services (DLS) improves the efficiency and economical operations of resources and maximizes services to the citizens of this state. This rule recognizes that the transfer of STAT from DFS to DLS has been accomplished and such rule also provides a mechanism for the promulgation of procedures setting forth the function, general organization and operation of the State Technical Assistance Team. As a unit of the Division of Legal Services, STAT is responsible for performing its duties related to child fatality review pursuant to sections 210.192 to 210.196, RSMo and its duties related to providing assistance to multidisciplinary teams and law enforcement agencies in investigating

and prosecuting cases involving child abuse, child neglect, child sexual abuse, child exploitation or child fatality as prescribed in sections 660.520 to 660.527, RSMo. In performing its CFRP mission, STAT is responsible for providing training, expertise and assistance to county CFRP panels for the review of child fatalities including establishing procedures for the preparation and submission of a Final Report by CFRP panels as reflected in subsection (4)(K) of this rule.

(2) Definitions.

(A) Child abuse means any physical injury or emotional abuse inflicted on a child other than by accidental means by another person, except that discipline, including spanking, administered in a reasonable manner, shall not be construed to be abuse.

(B) Child exploitation means allowing, permitting or encouraging a child, under the age of eighteen years, to engage in prostitution or sexual conduct, as defined by state law, by a person responsible for the child's welfare or any other person involved in the act, and allowing, permitting, encouraging or engaging in the obscene or pornographic photographing, filming or depicting of a child, under the age of eighteen years, or the possession of such items, as those acts are defined by state law, by a person responsible for the child's welfare or any other person involved in the act.

(C) Child fatality means the death of a child under the age of eighteen years as a result of any natural, intentional or unintentional act.

(D) Child neglect means the failure to provide, by those responsible for the care, custody and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical or any other care necessary for the child's well-being.

(E) Child sexual abuse means to engage in sexual intercourse or deviate sexual intercourse with a child or any touching of a child with the genitals, or any touching of the genitals, or anus of the child by another person, when the child is a person under the age of seventeen years.

(3) State Technical Assistance Team.

(A) The State Technical Assistance Team shall assist in the investigation of child abuse, child neglect, child sexual abuse, child exploitation or child fatality cases upon the request of:

1. A local law enforcement agency;
2. Prosecuting attorney;
3. Division of Family Services staff;
4. A representative of the family courts;

5. Medical examiner;
6. Coroner; or
7. Juvenile officer.

(B) Upon being requested to assist in an investigation, the State Technical Assistance Team shall notify all parties specified in subsection (3)(A) of STAT's involvement in the investigation via U.S. Postal Service.

(C) Where STAT's assistance has been requested by a local law enforcement agency, STAT investigators, certified as peace officers by the director of the Department of Public Safety pursuant to Chapter 590, RSMo shall be deemed to be peace officers within the jurisdiction of the requesting law enforcement agency, while acting at the request of the law enforcement agency. The power of arrest of a STAT investigator, acting as a peace officer, shall be limited to offenses involving child abuse, child neglect, child sexual abuse, child exploitation or child fatality.

(D) STAT shall assist county multidisciplinary teams in the development and implementation of protocols for the investigation and prosecution of child abuse, child neglect, child sexual abuse, child exploitation or child fatality cases.

(E) All reports and records made and maintained by the STAT or local law enforcement relating to criminal investigations conducted pursuant to this section, including arrests, shall be available in the same manner as law enforcement records, as set forth in sections 610.100 to 610.200, RSMo, and to the individuals identified in subdivision (13) of subsection 2 of section 210.150, RSMo.

(F) An individual identified in subdivision (13) of subsection 2 of section 210.150, RSMo, is a person who is a tenure-track or full-time research faculty member at an accredited institution of higher education engaged in scholarly research and who has the permission of the director of the Department of Social Services. Prior to the release of any identifying information the director of the DSS shall require the researcher to present a plan for maintaining the confidentiality of the identifying information. The researcher shall be prohibited from releasing the identifying information of individual cases.

(G) All other records shall be available in the same manner as provided in section 210.150, RSMo. Nothing in this section shall preclude the release of findings or information about cases which resulted in a child fatality or near fatality. Such release is at the sole discretion of the director of the Department of Social Services, based upon the review of the potential harm to other children with the immediate family.

(4) Local (County) Child Fatality Review Program (CFRP) Panels.

(A) The prosecuting attorney or circuit attorney shall convene a local CFRP panel in each of the state's one hundred fourteen counties and St. Louis City to review suspicious child deaths.

(B) The Department of Social Services (DSS) shall convene a state CFRP panel appointed by the director of DSS to identify systemic problems and submit findings and recommendations on ways to prevent further child deaths.

(C) The local CFRP panel will review all deaths of children less than eighteen years of age at the time of their death where one or more of the following factors are present:

1. Sudden, unexplained death of a child under age one year;
2. Unexplained/undetermined manner;
3. DFS reports on decedent or other persons in the residence;
4. Decedent in DFS custody;
5. Possible inadequate supervision of the decedent;
6. Possible malnutrition or delay in seeking medical care;
7. Possible suicide;
8. Possible inflicted injury;
9. Firearm injury;
10. Injury not witnessed by person in charge of child at time of injury;
11. Confinement;
12. Suspicious/criminal activity;
13. Drowning;
14. Suffocation or strangulation;
15. Poison/chemical/drug ingestion;
16. Severe unexplained injury;
17. Pedestrian/bicycle/driveway injury;
18. Drug/alcohol-related vehicular injury;
19. Suspected sexual assault;
20. Fire injury;
21. Autopsy by certified child death pathologist;
22. Panel discretion; or
23. Other suspicious findings (injuries such as electrocution, crush or fall).

(D) The local CFRP panel at least shall review the following information on all suspicious deaths:

1. Findings from interviews, history or death-scene investigation;
2. Physical evidence at the scene of injury, death, or both;
3. Findings from physical and medical examinations;
4. Findings from autopsy, radiological examination and laboratory evaluation;
5. Reports of investigation/evaluation; and

6. Relevant past history/agency involvement.

(E) The director of DSS shall appoint regional coordinators to serve as resources to local CFRP panels. The regional coordinators will provide the following services:

1. Consultation and technical assistance;
2. Training; and
3. Reviewing forms and provide recommendations on procedures developed by local panels.

(F) Initially, all panel members will be appointed by the prosecuting attorney. Subsequent appointments will be made by the chairperson. All members who represent a governmental agency defined as mandatory in this section will serve as long as they hold the position which made them eligible for appointment to the local CFRP panel. All other members shall serve a term which is defined in the procedures developed by the local panel. The local procedures also shall define the selection and removal processes for non-core members. The chairperson shall be elected by the review panel. The chairperson and all other members may be reappointed for consecutive terms. The local CFRP panel shall include, but not be limited to, the following core members:

1. The prosecuting or circuit attorney;
2. Medical examiner/coroner;
3. A law enforcement officer;
4. A representative of the DFS;
5. A provider of public health services;
6. A representative of the juvenile court; and
7. A representative of emergency medical services.

(G) If the county of residence, illness/injury/event or death are different, the CFRP panel in the county where the illness/injury/event occurred shall review the death.

1. The activated review panel may communicate with the chairperson of the CFRP panel in the county of residence and death, if different, to request necessary information.

2. The review panel in the county of death, residence, or both, may choose to review the death.

3. The Coroner/Medical Examiner Data Report (Data Form 1), which is hereby incorporated by reference as part of this rule, must be completed on all children ages birth through seventeen (0-17) who die in Missouri, regardless of state of residence.

4. Children injured out of state, who die in Missouri, may be reviewed at the sole discretion of the county panel, regardless of state of residence.

(H) The panel members will hold all information obtained in the course of a review in

the strictest confidence and will not discuss or disclose any information regarding any case, except as permitted by applicable statutes.

(I) DLS will not reimburse or compensate a county CFRP panel for expenses associated with review panel business. Expenses may be reimbursed consistent with state travel rules and limitations for required participation of DLS panel members in training. DFS will be responsible for payment of expenses, subject to state travel rules and limitations, and compensation for its employees who are members of a review panel.

(J) The following process will be followed by the county CFRP panels:

1. Any police officer, sheriff, law enforcement officer or official, physician, coroner/medical examiner, funeral director, hospital personnel or any person having knowledge that a person less than eighteen years of age has died, shall notify the coroner or medical examiner immediately in the county of injury.

A. If the coroner or medical examiner in the county of death or residence is notified of a death, s/he shall notify the coroner or medical examiner immediately in the county of illness/injury/event, if different.

B. If the coroner or medical examiner in the county of illness/injury/event determines that the death of the person under age eighteen does not exhibit any suspicious circumstances as described in this section, the panel chairperson will be responsible for cosigning Data Form 1, which is incorporated by reference as part of this rule, and shall forward the form within forty-eight hours to the DSS, STAT. If the chairperson disagrees with the coroner or medical examiner regarding the nature of the death and desires a review, the review panel can be activated.

C. The coroner or medical examiner in the county of illness/injury/event shall notify a certified child death pathologist to determine the need for an autopsy. If there is disagreement, the certified child death pathologist shall make the determination, unless the CFRP panel, within twelve (12) hours, decides against the certified child death pathologist;

D. If the coroner or medical examiner determines that the child died from natural causes while under medical care, such coroner or medical examiner shall notify DFS (Central Registry Unit, "Child Abuse/Neglect Hotline"—800-392-3738). In all other cases, the medical examiner or coroner shall immediately notify DFS of the child's death, as required by section 58.452, RSMo.

2. The coroner or medical examiner in the county of illness/injury/event shall notify the chairperson of the CFRP panel immediately if the death is suspicious;

3. Upon notification, the chairperson will activate the review panel within twenty-four hours to review the death.

A. Each member of the panel shall share information and records available to that panel member.

B. Each review panel shall operate the review based on procedures developed by the panel and based on guidelines and protocols developed by the DSS;

4. The review panel shall determine, at a minimum:

A. The place where the injury/illness causing a death occurred;

B. The manner and circumstances of the death;

C. Actions taken by the agencies/persons involved with the child and his/her family;

D. The identification of any siblings or other children in the home of the deceased child and whether they require protection; and

E. The identification of local systemic issues or policies which enhance or detract from efforts to assist in the investigation, treatment or prevention of fatalities; and

5. The chairperson of the local CFRP panel will complete Data Form 2, which is incorporated by reference as part of this rule, and forward it through to the DSS, STAT, for linkage with death certificates. This form must be sent within sixty (60) days of the date of death.

(K) Final Report.

1. In all cases reviewed by a CFRP panel, the CFRP shall, after completing the review, prepare a Final Report which shall consist of a summary of prevention conclusions and recommendations. The Final Report shall be submitted on a form referred to as the Child Fatality Review Panel Final Report (or Final Report), which is incorporated by reference as part of this rule. Pursuant to section 210.192.3, RSMo 2000 the Final Report issued by the panel is a public record and may be obtained by submitting a written request to the following address: State Technical Assistance Team, Division of Legal Services, 2724 Merchants Drive, Jefferson City, MO 65109.

2. The CFRP panel's Final Report will be forwarded directly to the State Technical Assistance Team, prevention coordinator, within ten (10) days of the CFRP panel review, except in cases where criminal charges are being considered or pending. In those cases, the final report of the panel will

be due within ten (10) days after a criminal indictment or information is filed in the case or the local panel chair is notified of the prosecutor's decision not to file charges.

3. The prevention coordinator will be a direct liaison with all CFRP panels, maintaining a prevention resource repository, and providing guidance and facilitation in the implementation of appropriate prevention strategies and responses.

4. Separate from data collected, the prevention coordinator will track the effectiveness of various prevention responses to specific risks, and will make this information available to the state CFRP panel and appropriate supporting agencies.

(5) State Child Fatality Review Panel.

(A) The state CFRP panel shall be composed of a minimum of seven members. All members will be appointed by the director of the DSS.

1. Members mandated by this rule to be members of this panel may serve as long as they hold the position which made them eligible for appointment.

2. The DSS shall establish procedures which define the terms for all members, reasons for the removal of members from the panel and how members will be appointed in the future.

3. The chairperson and all members may be reappointed for consecutive terms.

(B) The director of DSS shall appoint the following persons to serve on the state CFRP panel:

1. A prosecuting attorney or circuit attorney;

2. A coroner or medical examiner;

3. A law enforcement officer or official;

4. A representative from DFS;

5. A provider of public health care services;

6. A representative from the Department of Health;

7. A representative of the juvenile court; and

8. A representative of emergency medical services.

(C) Other members of the state CFRP panel may include persons from the following agencies/groups:

1. Division of Youth Services;

2. Attorney General;

3. Missouri Juvenile Justice Association;

4. A physician experienced in examining and treating abused/neglected children;

5. Department of Mental Health;

6. Department of Public Safety;

7. Department of Elementary and Secondary Education;

8. Department of Corrections; and

9. Any other professionals or citizens with special interest in child abuse and neglect.

(D) The state CFRP panel will meet at least biannually. DLS may reimburse the members who are not division employees for reasonable expenses, consistent with state travel rules and limitations for expenses associated with review panel business held outside their county of residence, but will not provide for any other compensation. DFS will be responsible for the reimbursement of expenses, subject to state travel rules and limitations, and compensation for its employees on the panel.

(E) The state CFRP panel shall review and discuss all relevant materials submitted by the local panels and the state implementation team. The purpose of the review will be to:

1. Review the findings of the county CFRP panels to determine the frequency and cause of child fatalities throughout the state;

2. Identify the appropriateness and comprehensiveness of current statutes, policies and procedures relevant to the management of fatal abuse/neglect cases;

3. Review data collected by the DSS, STAT to determine the accuracy of identification of fatally abused and neglected children;

4. Review reports on the status of the operations of the county CFRP panels; and

5. Recommend prevention strategies after reviewing statewide trends and actions suggested by local panels.

(F) The panel members will hold all information obtained in the course of a review in the strictest confidence and will not discuss or disclose any information regarding any case, except as permitted by applicable statutes.

(G) DSS and the state CFRP panel annually shall evaluate the following factors related to the work of the local CFRP panels:

1. Number of reviews;

2. Geographic area of reviews;

3. Results of reviews; and

4. Necessary amendments to the rules.

(H) The state CFRP panel shall submit findings and recommendations to the director of DSS, the governor, the speaker of the house of representatives, the president *pro tempore* of the senate, and the children's services commission, juvenile officers and chairperson of the local CFRP panels. At a minimum, the findings shall address the following issues:

1. The number of child fatality cases reviewed by county panels;

2. Nonidentifying characteristics for perpetrators;



3. Nonidentifying characteristics for deceased children;
4. The number of fatalities by cause(s) of death and whether death was attributable to child abuse/neglect;
5. Effectiveness of local panels; and
6. Systemic issues which need to be addressed through changes in policy, procedures or statute.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LEGAL SERVICES
CORONER/MEDICAL EXAMINER DATA REPORT
TO BE COMPLETED FOR ALL CHILD DEATHS <18 YEARS OF AGE

STATE USE ONLY		DATA FORM 1
DEATH CERT. NO.	BIRTH CERT. NO.	
CFRP CASE NO.	DECEDENT DCN	
<input type="checkbox"/> MEDICAID	CAN INCIDENT NO.	
DEATH CERTIFICATE MANNER OF DEATH		
a. <input type="checkbox"/> NATURAL	d. <input type="checkbox"/> HOMICIDE	
b. <input type="checkbox"/> ACCIDENT	e. <input type="checkbox"/> UNDETERMINED	
c. <input type="checkbox"/> SUICIDE	f. <input type="checkbox"/> PENDING	

INSTRUCTIONS

Notify Child Abuse/Neglect Hotline (800-392-3738) of all deaths of children <18 years of age.
If county of illness/injury/event is different from county of death, complete form with all known information before forwarding to coroner or medical examiner of county of illness/injury/event.
Notify the panel chairperson of the death.
Complete the form with all known information and forward to the panel chairperson for signature.

A. IDENTIFICATION INFORMATION

1. <input type="checkbox"/> Illness/injury/event is in Missouri. Complete all sections of Form 1. <input type="checkbox"/> Illness/injury/event occurred out-of-state, but death occurred in Missouri. Complete Section A only.			
2. COUNTY OF RESIDENCE	STATE USE ONLY	3. COUNTY OF ILLNESS/INJURY/EVENT	STATE USE ONLY
4. COUNTY OF DEATH		STATE USE ONLY	
5. DECEDENT'S NAME (FIRST, MI, LAST)		6. DATE OF BIRTH (MM/DD/YY)	7. DATE OF DEATH (MM/DD/YY)
8. SEX a. <input type="checkbox"/> MALE b. <input type="checkbox"/> FEMALE		9. RACE a. <input type="checkbox"/> WHITE b. <input type="checkbox"/> BLACK c. <input type="checkbox"/> ASIAN/PACIFIC ISLANDER d. <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE e. <input type="checkbox"/> UNKNOWN	
10. IS DECEDENT OF HISPANIC ORIGIN? a. <input type="checkbox"/> YES b. <input type="checkbox"/> NO		11. MOTHER'S NAME (FIRST, MAIDEN, LAST)	
12. MOTHER'S DATE OF BIRTH			

B. INDICATIONS FOR REVIEW — (ALL DEATHS)

1. Mark all that apply to this fatality. If one or more indicators are applicable, RSMo. 210.192 requires that the case shall be referred to the panel.	
a. <input type="checkbox"/> Sudden, unexplained death, age <1 year b. <input type="checkbox"/> Unexplained/undetermined manner c. <input type="checkbox"/> DFS reports on decedent or other persons in the residence d. <input type="checkbox"/> Decedent in DFS custody e. <input type="checkbox"/> Possible inadequate supervision f. <input type="checkbox"/> Possible malnutrition or delay in seeking medical care g. <input type="checkbox"/> Possible suicide h. <input type="checkbox"/> Possible inflicted injury i. <input type="checkbox"/> Firearm injury j. <input type="checkbox"/> Injury not witnessed by person in charge at time of injury k. <input type="checkbox"/> Confinement l. <input type="checkbox"/> Suspicious/criminal activity	m. <input type="checkbox"/> Drowning n. <input type="checkbox"/> Suffocation or strangulation o. <input type="checkbox"/> Poison/chemical/drug ingestion p. <input type="checkbox"/> Severe unexplained injury q. <input type="checkbox"/> Pedestrian/bicycle/driveway injury r. <input type="checkbox"/> Motor vehicle injury s. <input type="checkbox"/> Suspected sexual assault t. <input type="checkbox"/> Fire injury u. <input type="checkbox"/> Autopsy by certified child death pathologist v. <input type="checkbox"/> Panel discretion w. <input type="checkbox"/> Other suspicious findings (injuries such as electrocution, crush or fall)
2. Referral to Panel (Mark one)	
a. <input type="checkbox"/> One or more of the indicators marked above apply in this fatality. The case shall be referred to the review panel. b. <input type="checkbox"/> None of the indicators listed apply in this fatality. The case is not referred to the panel.	

C. CHILD ABUSE/NEGLECT HOTLINE (800-392-3738)

Notify Child Abuse/Neglect Hotline of all deaths of children <18 years of age.

1. Were there prior reports to the Child Abuse/Neglect Hotline? a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No	
If yes, mark all that apply:	
1. <input type="checkbox"/> Involving child	3. <input type="checkbox"/> Involving caretaker (other than family)
2. <input type="checkbox"/> Involving anyone else in family	4. <input type="checkbox"/> Total number of DFS reports _____
2. Current notification to Child Abuse/Neglect Hotline was accepted as:	
a. <input type="checkbox"/> Information only	b. <input type="checkbox"/> Report for investigation
3. Person reporting death to the hotline? _____	

**D. SOCIAL INFORMATION**

1. For all persons living in the residence of the decedent, indicate their relationship to the decedent, their age range, and who is head of household. (Select only one head of household)

Use corresponding letter for appropriate age range:

A = 0-5 yrs.

B = 6-9 yrs.

C = 10-14 yrs.

D = 15-18 yrs.

E = 19-40 yrs.

F = >40 yrs.

	Age Range	Head of Household		Age Range	Head of Household
a. <input type="checkbox"/> Natural father	_____	<input type="checkbox"/>	i. <input type="checkbox"/> Other relative	_____	<input type="checkbox"/>
b. <input type="checkbox"/> Natural mother	_____	<input type="checkbox"/>	j. <input type="checkbox"/> Other relative	_____	<input type="checkbox"/>
c. <input type="checkbox"/> Adoptive father	_____	<input type="checkbox"/>	k. <input type="checkbox"/> Mother's paramour	_____	<input type="checkbox"/>
d. <input type="checkbox"/> Adoptive mother	_____	<input type="checkbox"/>	l. <input type="checkbox"/> Father's paramour	_____	<input type="checkbox"/>
e. <input type="checkbox"/> Stepfather	_____	<input type="checkbox"/>	m. <input type="checkbox"/> Other non-relative	_____	<input type="checkbox"/>
f. <input type="checkbox"/> Stepmother	_____	<input type="checkbox"/>	n. <input type="checkbox"/> Another child	_____	<input type="checkbox"/>
g. <input type="checkbox"/> Foster father	_____	<input type="checkbox"/>	o. <input type="checkbox"/> Another child	_____	<input type="checkbox"/>
h. <input type="checkbox"/> Foster mother	_____	<input type="checkbox"/>	p. <input type="checkbox"/> More than two children (list in narrative)	_____	

2. Current marital status of head of household?

a. ☐ Married

c. ☐ Divorced

e. ☐ Unknown

b. ☐ Widowed

d. ☐ Never married

E. DEATH/SCENE INFORMATION

1. Place of Injury/Event?

a. ☐ Decedent's home

e. ☐ Public drive

i. ☐ Other private property

m. ☐ Body of water

b. ☐ Other home

f. ☐ Street

j. ☐ Licensed child care facility

n. ☐ Work place

c. ☐ Rural road

g. ☐ Private drive

k. ☐ Unlicensed child care facility

o. ☐ Hospital

d. ☐ Highway

h. ☐ Farm

l. ☐ Child care residential facility

p. ☐ Other: _____

2. Date of injury/event?

a. ☐ ____ / ____ / ____ (MM/DD/YY)

b. ☐ Unknown

3. Time of injury/event?

a. ☐ ____ : ____ (Hour:Minute) ☐ AM ☐ PM

b. ☐ Unknown

4. Time pronounced dead?

a. ☐ ____ : ____ (Hour:Minute) ☐ AM ☐ PM

b. ☐ Unknown

5. Was an autopsy performed?

a. ☐ Yes

b. ☐ No

c. ☐ Unknown

If yes:

1. ☐ By CFRP pathologist?

2. ☐ By hospital physician?

3. Name of CFRP pathologist? (Last name only) _____

NOTE: Autopsies performed by non-certified Child Death Pathologists are limited to hospital deaths resulting from a **known** medical condition/illness. All others are to be done by a Child Death Pathologist (see listing at www.dss.state.mo.us/stat/cpn.htm). Only CFRP pathologist autopsies qualify for reimbursement.

F. SUPERVISION

1. Who was in charge of watching the decedent at the time of injury/event?

a. ☐ Natural father

g. ☐ Foster father

m. ☐ Unlicensed babysitter/child care worker

b. ☐ Natural mother

h. ☐ Foster mother

n. ☐ Child, age: _____

c. ☐ Adoptive father

i. ☐ Other relative

o. ☐ Hospital staff

d. ☐ Adoptive mother

j. ☐ Parent's male paramour

p. ☐ Other non-relative

e. ☐ Stepfather

k. ☐ Parent's female paramour

q. ☐ No one in charge of watching

f. ☐ Stepmother

l. ☐ Licensed babysitter/child care worker

r. ☐ Due to age, no one in charge

2. Was the decedent adequately supervised?

a. ☐ Yes

b. ☐ No

c. ☐ Unknown

d. ☐ Not applicable

If no:

1. Did the person(s) in charge appear to be intoxicated, under influence of drugs, mentally ill or limited, or otherwise impaired at time of injury/event?

a. ☐ Yes

b. ☐ No

c. ☐ Unknown

2. Was the person(s) preoccupied, distracted or asleep at the time of the injury/event?

a. ☐ Yes

b. ☐ No

c. ☐ Unknown

3. Was injury/event witnessed by at least one person?

a. ☐ Yes

b. ☐ No

c. ☐ Unknown

G. CAUSE OF DEATH**(Select most appropriate cause of death and if applicable, complete Section H)****1. ☐ INJURY (Complete questions 1 and 2 for all injuries)**

1. Was the injury inflicted? a. ☐ Yes b. ☐ No c. ☐ Unknown
(Inflicted - defined as assaultive or aggressive action)
2. Was the injury intentional? a. ☐ Yes b. ☐ No c. ☐ Unknown

If vehicle accident, non-reviewable, answer questions 3 through 9. If reviewable vehicle accident (pedestrian/bicycle/driveway injury, drug/alcohol related or other suspicious/criminal activity), skip the following questions and complete Section H.

3. Position of decedent?
a. ☐ Operator c. ☐ Other
b. ☐ Passenger d. ☐ Unknown
4. Vehicle in which decedent was occupant?
a. ☐ Car c. ☐ Motorcycle/ATV e. ☐ Semi/Tractor trailer unit
b. ☐ Truck/RV/Van d. ☐ Farm vehicle f. ☐ Other
5. Was another vehicle involved in accident? a. ☐ Yes b. ☐ No
6. Condition of road?
a. ☐ Normal c. ☐ Wet e. ☐ Other
b. ☐ Loose gravel d. ☐ Ice or snow f. ☐ Unknown
7. Restraint used by decedent?
a. ☐ Present, not used c. ☐ Used correctly e. ☐ Unknown
b. ☐ None in vehicle d. ☐ Used incorrectly f. ☐ Not applicable
8. Helmet used by decedent?
a. ☐ Helmet worn b. ☐ Helmet not worn c. ☐ Not applicable
9. Primary cause of accident?
a. ☐ Speeding c. ☐ Mechanical failure e. ☐ Driver error
b. ☐ Carelessness d. ☐ Weather conditions f. ☐ Other

2. ☐ ILLNESS OR OTHER NATURAL CAUSE

1. Known condition _____
2. Was inadequate care or neglect involved in death? a. ☐ Yes b. ☐ No
(If yes, mark Section H, Number 2)

Complete questions 3 - 8 if death in infant <1 year of age.

3. History information provided by? a. ☐ Parent b. ☐ Physician/Medical facility c. ☐ Other
4. Age at death?
a. ☐ 0 - 24 hours after birth c. ☐ 48 hours - 6 weeks e. ☐ 6 months - 1 year
b. ☐ 24 - 48 hours d. ☐ 6 weeks - 6 months
5. Gestational age?
a. ☐ <25 weeks b. ☐ 25 - 30 weeks c. ☐ 30-37 weeks d. ☐ >37 weeks e. ☐ Unknown
6. Birth weight in grams (approximate lbs./oz.)?
a. ☐ <750 (<1 lb. 10 oz.) c. ☐ 1,500 - 2,499 (3 lbs. 6 oz. to 5 lbs. 5 oz.) e. ☐ Unknown
b. ☐ 750 - 1,499 (1 lb. 10 oz. to 3 lbs. 5 oz.) d. ☐ >2,500 (>5 lbs. 6 oz.)
7. Multiple birth? a. ☐ Yes b. ☐ No
8. Have there been other infant deaths in the immediate family? a. ☐ Yes b. ☐ No c. ☐ Unknown

3. ☐ UNKNOWN CAUSE (Describe in narrative. Death shall be reviewed.)

1. Was death sudden and unexplained in infant <1 year of age, but over 1 week old? a. ☐ Yes b. ☐ No
(If yes, the child is required to be autopsied by child death pathologist)
- If yes, also complete Section G, Number 2, questions 3 - 8 and mark Section H, Number 1.**

H. CIRCUMSTANCES OF DEATH

If any of the circumstances are applicable, death shall be reviewed.

1. ☐ Sudden Unexplained Death of Infant <1 Year
2. ☐ Inadequate Care or Neglect
3. ☐ Vehicular
(Includes pedestrian/bicycle/driveway injury, drug/alcohol related, or other suspicious/criminal activity)
4. ☐ Drowning
5. ☐ Firearm
6. ☐ Suffocation/Strangulation
7. ☐ Electrocution
8. ☐ Fall Injury
9. ☐ Poisoning/Overdose
10. ☐ Fire/Burn
11. ☐ Crush
12. ☐ Confinement
13. ☐ Shaken/Impact Syndrome
14. ☐ Other Inflicted Injury
(Describe in narrative)
15. ☐ Other Circumstances
(Describe in narrative)

I. NARRATIVE DESCRIPTION OF CIRCUMSTANCES OR OTHER COMMENTS

SEND COMPLETED DATA FORM 1 TO:

STATE TECHNICAL ASSISTANCE TEAM
2724 MERCHANTS DRIVE, JEFFERSON CITY, MO 65109
573-751-5980 OR 800-487-1626
FAX: 573-751-1479

CORONER/MEDICAL EXAMINER SIGNATURE ▶	REFER TO CFRP? a. <input type="checkbox"/> YES b. <input type="checkbox"/> NO	DATE (MM/DD/YY) __ __ / __ __ / __ __
CFRP CHAIR SIGNATURE ▶	REFER TO CFRP? a. <input type="checkbox"/> YES b. <input type="checkbox"/> NO	DATE (MM/DD/YY) __ __ / __ __ / __ __
REGIONAL COORDINATOR SIGNATURE		DATE (MM/DD/YY) __ __ / __ __ / __ __



MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LEGAL SERVICES

CHILD FATALITY REVIEW PANEL DATA REPORT

TO BE COMPLETED FOR ALL REVIEWABLE CHILD DEATHS <18 YEARS OF AGE

STATE USE ONLY		DATA FORM 2
DEATH CERT. NO.	BIRTH CERT. NO.	
CFRP CASE NO.	DECEDENT DCN	
<input type="checkbox"/> MEDICAID	CA/N INCIDENT NO.	
DEATH CERTIFICATE MANNER OF DEATH		
a. <input type="checkbox"/> NATURAL	d. <input type="checkbox"/> HOMICIDE	
b. <input type="checkbox"/> ACCIDENT	e. <input type="checkbox"/> UNDETERMINED	
c. <input type="checkbox"/> SUICIDE	f. <input type="checkbox"/> PENDING	

INSTRUCTIONS

Notify Child Abuse/Neglect Hotline (800-392-3738) of all deaths of children <18 years of age.

Complete the form with all known information and forward to the regional coordinator within forty-five days of the death.

A. IDENTIFICATION INFORMATION

1. COUNTY OF RESIDENCE STATE USE ONLY	2. COUNTY OF ILLNESS/INJURY/EVENT STATE USE ONLY	3. COUNTY OF DEATH STATE USE ONLY
4. DECEDENT'S NAME (FIRST, MI, LAST) / /		5. DATE OF BIRTH (MM/DD/YY) _ _ / _ _ / _ _
6. DATE OF DEATH (MM/DD/YY) _ _ / _ _ / _ _		
7. SEX a. <input type="checkbox"/> MALE b. <input type="checkbox"/> FEMALE	8. RACE a. <input type="checkbox"/> WHITE b. <input type="checkbox"/> BLACK c. <input type="checkbox"/> ASIAN/PACIFIC ISLANDER d. <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE e. <input type="checkbox"/> UNKNOWN	9. IS DECEDENT OF HISPANIC ORIGIN? a. <input type="checkbox"/> YES b. <input type="checkbox"/> NO
10. MOTHER'S NAME (FIRST, MAIDEN, LAST) / /		11. MOTHER'S DATE OF BIRTH (MM/DD/YY) _ _ / _ _ / _ _

B. CHILD ABUSE/NEGLECT HOTLINE (800-392-3738)

1. Were there prior reports to the Child Abuse/Neglect Hotline? a. ☐ Yes b. ☐ No

If yes, mark all that apply:

1. ☐ Involving child
2. ☐ Involving anyone else in family
3. ☐ Involving caretaker (other than family)
4. ☐ Total number of DFS reports _____

2. Current notification to Child Abuse/Neglect Hotline was accepted as:

a. ☐ Information/Referral only b. ☐ Report for investigation

C. SOCIAL INFORMATION

1. For all persons living in the residence of the decedent, indicate their relationship to the decedent, their age range, and who is head of household. (Select only one head of household)

Use corresponding letter for appropriate age range:

A = 0-5 yrs. B = 6-9 yrs. C = 10-14 yrs. D = 15-18 yrs. E = 19-40 yrs. F = >40 yrs.

	Age Range	Head of Household		Age Range	Head of Household
a. <input type="checkbox"/> Natural father	_____	<input type="checkbox"/>	i. <input type="checkbox"/> Other relative	_____	<input type="checkbox"/>
b. <input type="checkbox"/> Natural mother	_____	<input type="checkbox"/>	j. <input type="checkbox"/> Other relative	_____	<input type="checkbox"/>
c. <input type="checkbox"/> Adoptive father	_____	<input type="checkbox"/>	k. <input type="checkbox"/> Mother's paramour	_____	<input type="checkbox"/>
d. <input type="checkbox"/> Adoptive mother	_____	<input type="checkbox"/>	l. <input type="checkbox"/> Father's paramour	_____	<input type="checkbox"/>
e. <input type="checkbox"/> Stepfather	_____	<input type="checkbox"/>	m. <input type="checkbox"/> Other non-relative	_____	<input type="checkbox"/>
f. <input type="checkbox"/> Stepmother	_____	<input type="checkbox"/>	n. <input type="checkbox"/> Another child	_____	<input type="checkbox"/>
g. <input type="checkbox"/> Foster father	_____	<input type="checkbox"/>	o. <input type="checkbox"/> Another child	_____	<input type="checkbox"/>
h. <input type="checkbox"/> Foster mother	_____	<input type="checkbox"/>	p. <input type="checkbox"/> More than two children (list in narrative)		

2. Current marital status of head of household?

- a. ☐ Married c. ☐ Divorced e. ☐ Unknown
b. ☐ Widowed d. ☐ Never married

**D. DEATH/SCENE INFORMATION**

1. Place of death?

- | | | | |
|---|---|---|---|
| a. <input type="checkbox"/> Decedent's home | e. <input type="checkbox"/> Public drive | i. <input type="checkbox"/> Other private property | m. <input type="checkbox"/> Body of water |
| b. <input type="checkbox"/> Other home | f. <input type="checkbox"/> Street | j. <input type="checkbox"/> Licensed child care facility | n. <input type="checkbox"/> Work place |
| c. <input type="checkbox"/> Rural road | g. <input type="checkbox"/> Private drive | k. <input type="checkbox"/> Unlicensed child care facility | o. <input type="checkbox"/> Hospital |
| d. <input type="checkbox"/> Highway | h. <input type="checkbox"/> Farm | l. <input type="checkbox"/> Child care residential facility | p. <input type="checkbox"/> Other: _____ |

2. Date of injury/event?

- a.
- ☐
- ____ / ____ / ____ (MM/DD/YY) b.
- ☐
- Unknown

3. Time of injury/event?

- a.
- ☐
- ____ : ____ (Hour:Minute)
- ☐
- AM
- ☐
- PM b.
- ☐
- Unknown

4. Time pronounced dead?

- a.
- ☐
- ____ : ____ (Hour:Minute)
- ☐
- AM
- ☐
- PM b.
- ☐
- Unknown

5. Autopsy performed by?

- a.
- ☐
- CFRP Pathologist (Last Name Only) _____
-
- b.
- ☐
- Not performed

E. SUPERVISION

1. Who was in charge of watching the decedent at the time of injury/event?

- | | | |
|---|---|---|
| a. <input type="checkbox"/> Natural father | g. <input type="checkbox"/> Foster father | m. <input type="checkbox"/> Unlicensed babysitter/child care worker |
| b. <input type="checkbox"/> Natural mother | h. <input type="checkbox"/> Foster mother | n. <input type="checkbox"/> Child, age: _____ |
| c. <input type="checkbox"/> Adoptive father | i. <input type="checkbox"/> Other relative | o. <input type="checkbox"/> Hospital staff |
| d. <input type="checkbox"/> Adoptive mother | j. <input type="checkbox"/> Parent's male paramour | p. <input type="checkbox"/> Other non-relative |
| e. <input type="checkbox"/> Stepfather | k. <input type="checkbox"/> Parent's female paramour | q. <input type="checkbox"/> No one in charge of watching |
| f. <input type="checkbox"/> Stepmother | l. <input type="checkbox"/> Licensed babysitter/child care worker | r. <input type="checkbox"/> Due to age, no one in charge |

2. Was the decedent adequately supervised? a. ☐ Yes b. ☐ No c. ☐ Unknown d. ☐ Not applicable

If no:

1. Did the person(s) in charge appear to be intoxicated, under influence of drugs, mentally ill or limited, or otherwise impaired at time of injury/event?

- a.
- ☐
- Yes b.
- ☐
- No c.
- ☐
- Unknown

2. Was the person(s) preoccupied, distracted or asleep at the time of the injury/event?

- a.
- ☐
- Yes b.
- ☐
- No c.
- ☐
- Unknown

3. Was injury/event witnessed by at least one person? a. ☐ Yes b. ☐ No c. ☐ Unknown**F. PANEL FINDINGS**1. Date of first panel meeting? a. ☐ ____ / ____ / ____ (MM/DD/YY)

2. Panel members participating?

- | | | |
|---|---|--|
| a. <input type="checkbox"/> Coroner | e. <input type="checkbox"/> EMS | h. <input type="checkbox"/> Juvenile officer |
| b. <input type="checkbox"/> Prosecutor | f. <input type="checkbox"/> Medical examiner | i. <input type="checkbox"/> Optional member |
| c. <input type="checkbox"/> DFS worker | g. <input type="checkbox"/> Law enforcement officer | j. <input type="checkbox"/> Optional member |
| d. <input type="checkbox"/> Public health/Physician | | |

3. Total number of meetings held? a. ☐ One b. ☐ Two c. ☐ Three or more

4. Death scene investigation conducted? (Mark all that apply)

- | | | | |
|--|---|--|---|
| a. <input type="checkbox"/> By law enforcement | c. <input type="checkbox"/> By medical examiner | e. <input type="checkbox"/> By fire investigator | g. <input type="checkbox"/> Not conducted |
| b. <input type="checkbox"/> By coroner | d. <input type="checkbox"/> By EMS | f. <input type="checkbox"/> By other agency | |

5. Investigation by law enforcement?

- a.
- ☐
- Conducted, no arrest b.
- ☐
- Conducted, arrest for: _____ c.
- ☐
- Pending d.
- ☐
- Not conducted

6. Investigation/evaluation by juvenile officer?

- a.
- ☐
- Conducted, no action b.
- ☐
- Conducted, juvenile court action c.
- ☐
- Pending d.
- ☐
- Not conducted

7. Review of records by Department of Health?

- a.
- ☐
- Conducted, no action b.
- ☐
- Conducted, services provided c.
- ☐
- Pending d.
- ☐
- Not conducted

8. Review of history by Division of Family Services?

- a. ☐ Conducted, no action c. ☐ Conducted, case investigation e. ☐ Not conducted
 b. ☐ Conducted, services provided d. ☐ Pending

9. Action by prosecutor?

- a. ☐ Suspected perpetrator, no charge filed c. ☐ Pending or in progress
 b. ☐ Charge filed for: _____ d. ☐ No action

10. Review of medical/trip records by EMS?

- a. ☐ Conducted, no action b. ☐ Conducted, services provided c. ☐ Pending d. ☐ Not conducted

11. Did the review lead to additional investigation? a. ☐ Yes b. ☐ No12. Were additional services provided as a result of the review? a. ☐ Yes b. ☐ No13. Were changes in agency policies or practices recommended as a result of the review? a. ☐ Yes b. ☐ No**G. PERSON(S) ARRESTED/CHARGED****If no arrest or charge, go to Section H**1. Number of person(s) arrested/charged? a. ☐ One b. ☐ Two c. ☐ Three or more

2. Number of persons arrested or charged under 18 years of age?

- a. ☐ One b. ☐ Two c. ☐ Three or more d. ☐ Not applicable

3. Was one or more of the persons arrested or charged responsible for supervision of the child at time of fatal illness/injury/event?

- a. ☐ Yes b. ☐ No

4. Indicate the relationship of the person(s) arrested or charged to the decedent.

- | | | |
|---|--|--|
| a. <input type="checkbox"/> Natural father | g. <input type="checkbox"/> Foster father | m. <input type="checkbox"/> Babysitter/child care worker |
| b. <input type="checkbox"/> Natural mother | h. <input type="checkbox"/> Foster mother | n. <input type="checkbox"/> Friend |
| c. <input type="checkbox"/> Adoptive father | i. <input type="checkbox"/> Other relative | o. <input type="checkbox"/> Acquaintance |
| d. <input type="checkbox"/> Adoptive mother | j. <input type="checkbox"/> Sibling | p. <input type="checkbox"/> Other non-relative |
| e. <input type="checkbox"/> Stepfather | k. <input type="checkbox"/> Parent's male paramour | q. <input type="checkbox"/> Other non-relative |
| f. <input type="checkbox"/> Stepmother | l. <input type="checkbox"/> Parent's female paramour | r. <input type="checkbox"/> Stranger |

H. CAUSE OF DEATH**Complete Section appropriate to death**1. ☐ INJURY (If marked, also complete Section I)

1. Was the injury inflicted? a. ☐ Yes b. ☐ No c. ☐ Unknown
 (Inflicted - defined as assaultive or aggressive action)

2. Was the injury intentional? a. ☐ Intentional b. ☐ Unintentional/Accidental c. ☐ Unknown

3. If intentional, was decedent? a. ☐ Intended victim b. ☐ Random victim

4. Person(s) inflicting injury? (Mark all that apply)

- | | | | |
|--|---|---|---|
| a. <input type="checkbox"/> Self | e. <input type="checkbox"/> Stepfather | i. <input type="checkbox"/> Other relative | m. <input type="checkbox"/> Sibling |
| b. <input type="checkbox"/> Mother | f. <input type="checkbox"/> Mother's paramour | j. <input type="checkbox"/> Acquaintance | n. <input type="checkbox"/> Other child |
| c. <input type="checkbox"/> Father | g. <input type="checkbox"/> Father's paramour | k. <input type="checkbox"/> Friend | o. <input type="checkbox"/> Stranger |
| d. <input type="checkbox"/> Stepmother | h. <input type="checkbox"/> Foster parent | l. <input type="checkbox"/> Child care worker | p. <input type="checkbox"/> Unknown |

5. Age of primary person inflicting injury? a. ☐ _____ b. ☐ Unknown

6. Race of primary person inflicting injury?

- | | | |
|-----------------------------------|--|---|
| a. <input type="checkbox"/> White | c. <input type="checkbox"/> Asian/Pacific Islander | e. <input type="checkbox"/> Unable to determine |
| b. <input type="checkbox"/> Black | d. <input type="checkbox"/> American Indian/Alaskan Native | f. <input type="checkbox"/> Unknown |



7. Was the injury drug related? a. ☐ Yes b. ☐ No c. ☐ Unknown
8. Was the injury gang related? a. ☐ Yes b. ☐ No c. ☐ Unknown
9. Did the injury occur during commission of a crime? a. ☐ Yes b. ☐ No c. ☐ Unknown
10. If suicide: (Mark all that apply)
- a. ☐ Prior attempts d. ☐ Had previously received mental health services
- b. ☐ Talked of suicide e. ☐ Suicide completely unexpected
- c. ☐ Prior mental health problems

2. ☐ ILLNESS OR OTHER NATURAL CAUSE

(If applicable, complete Inadequate Care or Neglect in Section I)

1. ☐ Known Condition _____

Complete questions 2 - 11 if natural cause death in infant <1 year of age (INCLUDING SIDS)**2. Age at death?**

- a. ☐ 0 - 24 hours after birth c. ☐ 48 hours - 6 weeks e. ☐ 6 months - 1 year
- b. ☐ 24 - 48 hours d. ☐ 6 weeks - 6 months

3. Gestational age at birth?

- a. ☐ <25 weeks b. ☐ 25 - 30 weeks c. ☐ 30 - 37 weeks d. ☐ >37 weeks e. ☐ Unknown

4. Birth weight in grams (approximate lbs./oz.)?

- a. ☐ < 750 (<1 lb. 10 oz.) c. ☐ 1,500 - 2,499 (3 lbs. 6 oz. to 5 lbs. 5 oz.) e. ☐ Unknown
- b. ☐ 750 - 1,499 (1 lb. 10 oz. to 3 lbs. 5 oz.) d. ☐ >2,500 (>5 lbs. 6 oz.)

5. Multiple birth? a. ☐ Yes b. ☐ No**6. Total number of prenatal visits?**

- a. ☐ None b. ☐ 1 - 3 c. ☐ 4 - 6 d. ☐ 7 - 10 e. ☐ Unknown

7. First prenatal visit occurred during?

- a. ☐ First trimester b. ☐ Second trimester c. ☐ Third trimester d. ☐ Unknown

8. Medical complications during pregnancy?

- a. ☐ Yes b. ☐ No c. ☐ Unknown

9. Smoking during pregnancy?

- a. ☐ Yes b. ☐ No c. ☐ Unknown

10. Drug use during pregnancy?

- a. ☐ Yes b. ☐ No c. ☐ Unknown

11. Alcohol use during pregnancy?

- a. ☐ Yes b. ☐ No c. ☐ Unknown

3. ☐ UNKNOWN CAUSE (Describe in narrative)**I. CIRCUMSTANCES OF DEATH****1. ☐ SUDDEN INFANT DEATH SYNDROME (Also complete Section H-2, questions 2-11)****1. Position of decedent at discovery?**

- a. ☐ On stomach, face down c. ☐ On stomach, face position unknown e. ☐ On side
- b. ☐ On stomach, face to side d. ☐ On back f. ☐ Unknown

2. Normal sleeping position?

- a. ☐ On Back b. ☐ On stomach c. ☐ On side d. ☐ Varies e. ☐ Unknown

3. Location of decedent when found?

- a. ☐ Crib b. ☐ Playpen c. ☐ Bed d. ☐ Couch e. ☐ Floor f. ☐ Other g. ☐ Unknown

4. Was decedent sleeping alone?

- a. ☐ Yes b. ☐ No c. ☐ Unknown

2. ☐ INADEQUATE CARE OR NEGLECT (Mark all that apply)

- | | | |
|---|---|--|
| a. <input type="checkbox"/> Apparent lack of supervision | e. <input type="checkbox"/> Malnutrition | i. <input type="checkbox"/> Inadequate medical attention |
| b. <input type="checkbox"/> Apparent lack of medical care | f. <input type="checkbox"/> Dehydration | j. <input type="checkbox"/> Out-of-hospital birth |
| c. <input type="checkbox"/> Munchausen Syndrome by Proxy | g. <input type="checkbox"/> Oral water intoxication | k. <input type="checkbox"/> Other |
| d. <input type="checkbox"/> Failure to Thrive (non-organic) | h. <input type="checkbox"/> Delayed medical care | |

3. ☐ VEHICLE ACCIDENT

1. Position of decedent?

- | | | |
|--|---------------------------------------|-------------------------------------|
| a. <input type="checkbox"/> Operator | c. <input type="checkbox"/> Passenger | e. <input type="checkbox"/> Other |
| b. <input type="checkbox"/> Pedestrian | d. <input type="checkbox"/> Bicyclist | f. <input type="checkbox"/> Unknown |

2. Vehicle in which decedent was occupant?

- | | | | |
|--|--|---|--|
| a. <input type="checkbox"/> Car | d. <input type="checkbox"/> Bicycle | g. <input type="checkbox"/> Other farm vehicle | j. <input type="checkbox"/> Other |
| b. <input type="checkbox"/> Truck/RV/Van | e. <input type="checkbox"/> Riding mower | h. <input type="checkbox"/> All-terrain vehicle | k. <input type="checkbox"/> Not applicable |
| c. <input type="checkbox"/> Motorcycle | f. <input type="checkbox"/> Farm tractor | i. <input type="checkbox"/> Semi/Tractor trailer unit | |

3. Vehicle in which decedent was not occupant?

- | | | | |
|--|--|---|--|
| a. <input type="checkbox"/> Car | d. <input type="checkbox"/> Bicycle | g. <input type="checkbox"/> Other farm vehicle | j. <input type="checkbox"/> Other |
| b. <input type="checkbox"/> Truck/RV/Van | e. <input type="checkbox"/> Riding mower | h. <input type="checkbox"/> All-terrain vehicle | k. <input type="checkbox"/> Not applicable |
| c. <input type="checkbox"/> Motorcycle | f. <input type="checkbox"/> Farm tractor | i. <input type="checkbox"/> Semi/Tractor trailer unit | |

4. Condition of road?

- | | | | | | |
|------------------------------------|--|---------------------------------|---|-----------------------------------|-------------------------------------|
| a. <input type="checkbox"/> Normal | b. <input type="checkbox"/> Loose gravel | c. <input type="checkbox"/> Wet | d. <input type="checkbox"/> Ice or snow | e. <input type="checkbox"/> Other | f. <input type="checkbox"/> Unknown |
|------------------------------------|--|---------------------------------|---|-----------------------------------|-------------------------------------|

5. Restraint used?

- | | | |
|---|--|--|
| a. <input type="checkbox"/> Present, not used | c. <input type="checkbox"/> Used correctly | e. <input type="checkbox"/> Unknown |
| b. <input type="checkbox"/> None in vehicle | d. <input type="checkbox"/> Used incorrectly | f. <input type="checkbox"/> Not applicable |

6. Helmet used?

- | | | |
|---|---|--|
| a. <input type="checkbox"/> Helmet worn | b. <input type="checkbox"/> Helmet not worn | c. <input type="checkbox"/> Not applicable |
|---|---|--|

7. Alcohol and/or other drug use?

- | | |
|---|--|
| a. <input type="checkbox"/> Decedent impaired | c. <input type="checkbox"/> Driver of other vehicle impaired |
| b. <input type="checkbox"/> Driver of decedent's vehicle impaired | d. <input type="checkbox"/> Not applicable |

8. Primary cause of accident?

- | | | | |
|--|--|--|-------------------------------------|
| a. <input type="checkbox"/> Speeding | c. <input type="checkbox"/> Mechanical failure | e. <input type="checkbox"/> Driver error | g. <input type="checkbox"/> Unknown |
| b. <input type="checkbox"/> Carelessness | d. <input type="checkbox"/> Weather conditions | f. <input type="checkbox"/> Other | |

4. ☐ DROWNING

1. Place of drowning?

- | | | | |
|--|---|---|-------------------------------------|
| a. <input type="checkbox"/> Lake, river, pond or creek | c. <input type="checkbox"/> Swimming pool | e. <input type="checkbox"/> Bucket | g. <input type="checkbox"/> Other |
| b. <input type="checkbox"/> Bathtub | d. <input type="checkbox"/> Well/Cistern | f. <input type="checkbox"/> Wading pool | h. <input type="checkbox"/> Unknown |

2. Activity at time of drowning?

- | | | |
|---|--------------------------------------|-------------------------------------|
| a. <input type="checkbox"/> Boating | c. <input type="checkbox"/> Swimming | e. <input type="checkbox"/> Other |
| b. <input type="checkbox"/> Playing at water's edge | d. <input type="checkbox"/> Playing | f. <input type="checkbox"/> Unknown |

3. Was decedent wearing a floatation device?

- | | |
|---------------------------------|--------------------------------|
| a. <input type="checkbox"/> Yes | b. <input type="checkbox"/> No |
|---------------------------------|--------------------------------|

4. Did decedent enter area of water unattended?

- | | | | |
|---------------------------------|--------------------------------|-------------------------------------|--|
| a. <input type="checkbox"/> Yes | b. <input type="checkbox"/> No | c. <input type="checkbox"/> Unknown | d. <input type="checkbox"/> Not applicable |
|---------------------------------|--------------------------------|-------------------------------------|--|

5. Could decedent swim?

- | | | | |
|---------------------------------|--------------------------------|-------------------------------------|--|
| a. <input type="checkbox"/> Yes | b. <input type="checkbox"/> No | c. <input type="checkbox"/> Unknown | d. <input type="checkbox"/> Not applicable |
|---------------------------------|--------------------------------|-------------------------------------|--|

6. Were alcohol or drugs a factor?

- | | |
|---------------------------------|--------------------------------|
| a. <input type="checkbox"/> Yes | b. <input type="checkbox"/> No |
|---------------------------------|--------------------------------|

5. ☐ FIREARM

1. Person handling the firearm?

- a. ☐ Decedent b. ☐ Family member c. ☐ Acquaintance d. ☐ Stranger e. ☐ Unknown

2. Type of firearm?

- a. ☐ Handgun b. ☐ Rifle c. ☐ Shotgun d. ☐ Other e. ☐ Unknown

3. Age of person handling firearm?

- a. ☐ _____ b. ☐ Unknown

4. Use of firearm at time of injury?

- a. ☐ Shooting at other person d. ☐ Target shooting g. ☐ Playing
b. ☐ Shooting at self e. ☐ Loading firearm h. ☐ Other
c. ☐ Cleaning firearm f. ☐ Hunting i. ☐ Unknown

5. Did person handling firearm attend safety classes?

- a. ☐ Yes b. ☐ No c. ☐ Unknown

6. ☐ SUFFOCATION/STRANGULATION

1. Cause of suffocation/strangulation?

- a. ☐ Other person overlaying or rolling over decedent f. ☐ Object exerting pressure on victim's neck/chest
b. ☐ Wedging g. ☐ Small object or toy in mouth
c. ☐ Food i. ☐ Other
d. ☐ Other person's hand(s) j. ☐ Unknown
e. ☐ Object covering decedent's mouth/nose

2. If sleeping, location of decedent at the time?

- a. ☐ In crib c. ☐ In couch/chair e. ☐ In infant car seat g. ☐ Other
b. ☐ In bed d. ☐ Being held f. ☐ On floor h. ☐ Unknown

3. If sleeping, was decedent sleeping alone?

- a. ☐ Yes b. ☐ No c. ☐ Unknown

4. If bedding was involved:

1. Was the design of bed hazardous?

- a. ☐ Yes b. ☐ No c. ☐ Unknown

2. Was decedent placed on soft bedding?

- a. ☐ Yes b. ☐ No c. ☐ Unknown

3. Was there improper use of bedding?

- a. ☐ Yes b. ☐ No c. ☐ Unknown

7. ☐ ELECTROCUTION

1. Source of electricity?

- a. ☐ Water contact c. ☐ Electrical outlet e. ☐ Tool g. ☐ Other
b. ☐ Electrical wire d. ☐ Appliance f. ☐ Lightning h. ☐ Unknown

8. ☐ FALL INJURY

1. Fall was from?

- a. ☐ Open window c. ☐ Natural elevation e. ☐ Man-made elevation
b. ☐ Furniture d. ☐ Stairs or steps f. ☐ Other

2. Height of fall? a. ☐ # feet _____ b. ☐ Unknown

3. Landing surface composition/hardness?

- a. ☐ Carpet b. ☐ Concrete c. ☐ Ground d. ☐ Other

4. Was decedent in a baby walker?

- a. ☐ Yes b. ☐ No c. ☐ Not applicable

5. Was decedent thrown or pushed down?

- a. ☐ Yes b. ☐ No c. ☐ Unknown

9. ☐ POISONING/OVERDOSE

1. Type of poisoning?

- a. ☐ Prescription medicine d. ☐ Illegal drug g. ☐ Food product
 b. ☐ Over-the-counter medicine e. ☐ Alcohol h. ☐ Other
 c. ☐ Chemical f. ☐ Carbon monoxide or other gas inhalation i. ☐ Unknown

2. Was substance in safety packaging?

- a. ☐ Yes b. ☐ No c. ☐ Unknown d. ☐ Not applicable

3. Location of drug or chemical?

- a. ☐ In closed, secured area b. ☐ In closed, unsecured area c. ☐ In open area

10. ☐ FIRE/BURN

1. If fire, the source?

- a. ☐ Matches c. ☐ Cigarette e. ☐ Explosives g. ☐ Space heater i. ☐ Other
 b. ☐ Lighter d. ☐ Combustibles f. ☐ Fireworks h. ☐ Faulty wiring j. ☐ Unknown

2. Smoke alarm present?

- a. ☐ Yes b. ☐ No c. ☐ Unknown d. ☐ Not applicable

3. Smoke alarm in working order?

- a. ☐ Yes b. ☐ No c. ☐ Unknown d. ☐ Not applicable

4. Fire started by?

- a. ☐ Decedent b. ☐ Other c. ☐ No one d. ☐ Unknown

5. Activity of person starting fire?

- a. ☐ Playing c. ☐ Cooking e. ☐ Other g. ☐ Not applicable
 b. ☐ Smoking d. ☐ Suspected arson f. ☐ Unknown

6. Construction of fire site?

- a. ☐ Wood frame b. ☐ Brick/stone c. ☐ Metal d. ☐ Trailer e. ☐ Other f. ☐ Not applicable

7. Multiple fire injuries or deaths?

- a. ☐ Yes b. ☐ No

8. For structure fire, where was decedent found?

- a. ☐ Hiding b. ☐ In bed c. ☐ Stairway d. ☐ Close to exit e. ☐ Other

9. Did decedent know of a fire escape plan?

- a. ☐ Yes b. ☐ No c. ☐ Unknown d. ☐ Not applicable

10. If burn, the source?

- a. ☐ Hot water b. ☐ Appliance c. ☐ Cigarettes d. ☐ Heater e. ☐ Chemical f. ☐ Other

11. ☐ CRUSH (Non-vehicle) (Describe in narrative)

1. Where did crush occur? a. ☐ Indoors b. ☐ Outdoors

12. ☐ CONFINEMENT

1. Place of confinement?

- a. ☐ Refrigerator/Appliance c. ☐ Chest/Box/Locker e. ☐ Other
 b. ☐ Motor vehicle d. ☐ Room/Building

13. ☐ SHAKEN/IMPACT SYNDROME

1. Prior history of abuse?

- a. ☐ Yes b. ☐ No

2. Suspected cause?

- a. ☐ Crying b. ☐ Disobedience c. ☐ Feeding difficulty d. ☐ Toilet training e. ☐ Other f. ☐ Unknown

**14. ☐ OTHER INFLECTED INJURY**

1. Manner of injury?

- a.
- ☐
- Cut/stabbed b.
- ☐
- Struck c.
- ☐
- Thrown d.
- ☐
- Other e.
- ☐
- Unknown

2. Injury inflicted with?

- a.
- ☐
- Sharp object (e.g., knife, scissors) c.
- ☐
- Hands/feet e.
- ☐
- Unknown
-
- b.
- ☐
- Blunt object (e.g., hammer, bat) d.
- ☐
- Other

15. ☐ OTHER CAUSE (Describe in narrative)**J. NARRATIVE DESCRIPTION OF CIRCUMSTANCES OR OTHER COMMENTS****K. SERVICES PROVIDED**

1. List services provided by agencies as a result of the death. (Mark all that apply)

- a.
- ☐
- Bereavement counseling d.
- ☐
- Emergency shelter g.
- ☐
- Health care j.
- ☐
- No services
-
- b.
- ☐
- Economic support e.
- ☐
- Mental health services h.
- ☐
- Legal services
-
- c.
- ☐
- Funeral arrangements f.
- ☐
- Social services i.
- ☐
- Other

L. PREVENTION

1. To what degree was this death believed to be preventable?

- a.
- ☐
- Not at all b.
- ☐
- Possibly c.
- ☐
- Definitely

2. Primary risk factors involved in the child's death? (Mark all that apply)

- a.
- ☐
- Medical c.
- ☐
- Economic e.
- ☐
- Environmental g.
- ☐
- Drugs or alcohol
-
- b.
- ☐
- Social d.
- ☐
- Behavioral f.
- ☐
- Product safety h.
- ☐
- Other

3. Were these risk factors identified in your community prior to the death?

- a.
- ☐
- Yes b.
- ☐
- No

4. Was any action taken in your community to address the risk factors prior to this death?

- a.
- ☐
- Yes b.
- ☐
- No

5. Could the family or child have taken actions to reduce the risk?

- a.
- ☐
- Yes b.
- ☐
- No c.
- ☐
- Unknown

6. What prevention activities have been proposed since the death? (Mark all that apply)

- a.
- ☐
- Legislation, law or ordinance f.
- ☐
- Consumer product safety action (800-638-8095)
-
- b.
- ☐
- Community safety project g.
- ☐
- News services
-
- c.
- ☐
- Public forums h.
- ☐
- Changes in agency practice
-
- d.
- ☐
- Educational activities in school i.
- ☐
- Other programs or activities
-
- e.
- ☐
- Educational activities in the media j.
- ☐
- None

7. Target populations for prevention activities? (Mark all that apply)

- a.
- ☐
- Children c.
- ☐
- Parents/Care givers e.
- ☐
- Others
-
- b.
- ☐
- General public d.
- ☐
- Child protection professionals

8. Estimated costs for prevention?

- a.
- ☐
- No cost involved c.
- ☐
- <\$100 e.
- ☐
- >\$500
-
- b.
- ☐
- All services donated d.
- ☐
- \$100 - \$500 f.
- ☐
- Unknown

9. Lead organization?

- a.
- ☐
- Health/Medical services d.
- ☐
- Schools g.
- ☐
- Other
-
- b.
- ☐
- Social services e.
- ☐
- Mental health services
-
- c.
- ☐
- Law enforcement f.
- ☐
- Local community group

CFRP CHAIR SIGNATURE



DATE (MM/DD/YY)

____/____/____

REGIONAL COORDINATOR SIGNATURE



DATE (MM/DD/YY)

____/____/____



MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LEGAL SERVICES

CHILD FATALITY REVIEW PANEL (CFRP) FINAL REPORT
TO BE COMPLETED FOR ALL REVIEWABLE CHILD DEATHS LESS THAN 18 YEARS OF AGE

INSTRUCTIONS: Complete the form with all known information and forward to the prevention coordinator within ten days.

IDENTIFICATION INFORMATION

1. DECEDENT'S NAME (FIRST, MI, LAST)

2. SEX

A. ☐ MALE B. ☐ FEMALE

3. DATE OF DEATH

4. DATE OF BIRTH

5. COUNTY OF CFRP PANEL REVIEW

6. DATE OF LAST CFRP PANEL REVIEW

7. CIRCUMSTANCES LEADING TO DEATH? (PRECIPITATING EVENT)

PREVENTION CONCLUSIONS

1. KEEPING IN MIND WHAT IS KNOWN ABOUT THIS TYPE OF FATALITY, IS THERE A PREVENTION MESSAGE?

A. ☐ Yes B. ☐ No

2. IF YES, WHAT PREVENTION MESSAGE(S) ARE APPROPRIATE?

3. HAVE PREVENTION INITIATIVES BEEN DISCUSSED?

A. ☐ Yes B. ☐ No

4. IF YES, WHAT TYPE OF PREVENTION INITIATIVE(S)?

- A. ☐ Legislation, Law or Ordinance
B. ☐ Community Safety Project
C. ☐ Public Forums
D. ☐ Educational Activities in School
E. ☐ Educational Activities in the Media

- F. ☐ Consumer Product Safety Action (800-638-8095)
G. ☐ News Service
H. ☐ Changes in Agency Practices
I. ☐ Other Programs or Activities

5. BRIEFLY DESCRIBE PREVENTION INITIATIVE(S)

6. ANTICIPATED ORGANIZATIONS INVOLVED?

- A. ☐ Health/Medical Services
B. ☐ Social Services
C. ☐ Law Enforcement

- D. ☐ Schools
E. ☐ Mental Health Services
F. ☐ Local Community Group

G. ☐ Other

7. TARGET POPULATIONS FOR PROPOSED PREVENTION INITIATIVE(S)?

- A. ☐ Children
B. ☐ General Public
C. ☐ Parents/Caregivers
D. ☐ Child Protection Professionals
E. ☐ Other

8. IS STAT PREVENTION COORDINATOR ASSISTANCE REQUESTED CONCERNING CURRENT OR FUTURE PREVENTION INITIATIVES; E.G., FACILITATION, RESOURCES, ETC.?

A. ☐ Yes B. ☐ No

IF YES, POINT OF CONTACT: NAME/TITLE

AGENCY

MAIL/STREET ADDRESS

CITY/STATE/ZIP

PHONE

FAX

EMAIL

MO 886-3883 (10-00)

(Attach extra pages, as necessary)

Prevention Coordinator, State Technical Assistance Team
2724 Merchants Drive, Jefferson City, MO 65109
573-751-5980 or 800-487-1626
Fax: 573-751-1479

AUTHORITY: sections 210.192–210.196, 660.017, 660.520–660.527, RSMo 2000.
Emergency rule filed Dec. 19, 2000, effective Jan. 1, 2001, expired June 29, 2001. Original rule filed Dec. 19, 2000, effective June 30, 2001.*

**Original authority: Please see the Missouri Revised Statutes 2000.*